



# DEPARTMENT OF DEFENSE (AFHSC)

## Detecting and Reporting DoD Cases of Ebola Virus Disease Infection:

### Guidance as of 28 MAY 2015



#### 1. Information for Health Care Workers ([CDC Guidance](#)):

Patients known or suspected to have Ebola Virus Disease (EVD) presenting to healthcare settings should be placed under appropriate precautions as soon as possible to prevent transmission of Ebola virus to others. [CDC infection control guidance is available here.](#)

Patients with EVD generally have abrupt onset of symptoms typically 8-10 days after exposure (mean incubation period has been 4-10 days in previous outbreaks, range 2-21 days). Fever, headache, myalgia, weakness, diarrhea, vomiting, abdominal pain and unexplained hemorrhage (bleeding or bruising) are the most common signs and symptoms.

Ebola is spread through direct contact (through broken skin or mucous membranes) with:

- blood or body fluids (including but not limited to urine, saliva, feces, vomit, and semen) of a person who is sick with Ebola
- objects (like needles and syringes) that have been contaminated with the virus
- infected animals

Ebola is not spread through the air or by water, or in general, food. However, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats.

In West Africa, symptoms of Ebola are often consistent with endemic hemorrhagic fevers and other diseases such as malaria; therefore travel history, as well as possible exposure history, can be a very important diagnostic tool for this disease.

Early recognition is critical to controlling the spread of Ebola virus. Healthcare providers should evaluate the patient's epidemiologic risk, including a history of travel to a country with widespread Ebola virus transmission or contact within the preceding 21 days with a person with EVD while the person was symptomatic.

If a diagnosis of Ebola is being considered, the patient should be isolated in a single room (with a private bathroom), and healthcare personnel should follow standard, contact, and droplet precautions, including the use of appropriate [personal protective equipment \(PPE\)](#). Infection control personnel should be contacted immediately.

#### 2. Case Definition for Ebola Virus Disease (EVD):

**Persons under Investigation (PUI)** have the following characteristics:

1. Elevated body temperature or subjective fever or symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND,

2. Epidemiologic risk factors (see below definitions of risk) within the past 21 days before the onset of symptoms.

**Confirmed Case:** A PUI with laboratory-confirmed diagnostic evidence of EVD infection

**Contacts of an EVD case may have different levels of exposure risk:**

**High risk exposures:**

1. Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of an EVD patient while the person was symptomatic
2. Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of an EVD patient while the person was symptomatic without appropriate PPE
3. Processing blood or body fluids of a confirmed EVD patient while the person was symptomatic without appropriate PPE or standard biosafety precautions
4. Direct contact with a dead body without appropriate PPE in a country with widespread EVD transmission
5. Having lived in the immediate household and provided direct care to a person with EVD while the person was symptomatic

**Some risk:**

1. In countries with Ebola virus transmission: direct contact while using appropriate PPE with a person with EVD while the person was symptomatic
2. Close contact in households, health care facilities, or community settings with a person with EVD while the person was symptomatic
  - Close contact is defined as being within approximately three feet (one meter) of a person with EVD, while the person was symptomatic, for a prolonged period of time while not wearing appropriate PPE

**Low risk exposures:**

1. Having been in a country with widespread Ebola virus transmission within the past 21 days and without any known exposures
2. Having brief direct contact (e.g., shaking hands) while not wearing appropriate PPE, with a person with EVD while the person was in the early stage of disease
3. Brief proximity, such as being in the same room for a brief period of time, with a person with EVD while the person was symptomatic
4. Traveled on an aircraft with a person with EVD while the person was symptomatic

**No identifiable risk:**

1. Contact with an asymptomatic person who had contact with person with EVD
2. Contact with a person with EVD before the person developed symptoms
3. Having previously spent more than 21 days in a country with widespread Ebola virus transmission without developing symptoms
4. Having been in a country without widespread Ebola virus transmission and not having any other exposures as defined above

**3. Clinical Diagnostic Testing:**

- CDC guidance for specimen collection, transport, testing, and submission is [here](#).

- DoD testing using the FDA Emergency Use Authorization DoD Ebola Zaire (EZ1) RT-PCR assay developed by USAMRIID is available at select locations:
  - USAMRIID Special Pathogens Laboratory (SPL)  
Fort Detrick, Maryland  
[usarmy.detrick.medcom-usamriid.mbx.special-pathogens-lab@mail.mil](mailto:usarmy.detrick.medcom-usamriid.mbx.special-pathogens-lab@mail.mil)  
Work: 301-619-3318 (DSN 343) or 1-888-872-7443 (24 hour emergency hotline)  
Please use the [SPL Form for sample submission](#)
  - Landstuhl Regional Medical Center  
Landstuhl, Germany  
LTC Edward Ager  
[edward.p.ager.mil@mail.mil](mailto:edward.p.ager.mil@mail.mil)  
Work: (49-06) 371-86732
  - Naval Medical Research Unit-3 (NAMRU-3)  
Cairo, Egypt  
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[gabriel.defang@med.navy.mil](mailto:gabriel.defang@med.navy.mil)  
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[mark.simons@navy.med.mil](mailto:mark.simons@navy.med.mil)  
Work: 011-(51-1)-614-4134  
BB: 011-(51-1)-99-672-0208
  - NIDDL at NMRC (including two mobile laboratories in Liberia)  
Silver Spring, MD  
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  - Tripler Army Medical Center  
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MAJ Jason Barnhill  
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- Carl R. Darnall Army Medical Center  
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Work: 254-553-2777  
Mobile: 254-768-4557  
CPT Derese Getnet  
[derese.getnet.mil@mail.mil](mailto:derese.getnet.mil@mail.mil)  
Work: 254-288-8206
- San Antonio Military Medical Center  
San Antonio, TX  
COL Lanette R. Hamilton  
[lanette.r.hamilton.mil@mail.mil](mailto:lanette.r.hamilton.mil@mail.mil)  
Work: 210-916-0577
- DoD testing using the BioFire FilmArray NGDS BT-E EUA assay is available at:
  - Joint Base Langley-Eustis  
Langley, VA  
Lt Col Madelaine Sumera  
[madeleine.sumera@us.af.mil](mailto:madeleine.sumera@us.af.mil)  
Work: 757-764-9534
  - Carl R. Darnall Army Medical Center  
Fort Hood, TX  
MAJ Kurt Jerke  
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Jimmy G. Davis  
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- Walter Reed National Military Medical Center  
Bethesda, MD  
MAJ Robert Cybulski  
[robert.j.cybulski.mil@mail.mil](mailto:robert.j.cybulski.mil@mail.mil)  
Work: 301-295-8617
- Wright-Patterson Medical Center  
Dayton, OH  
Lt Col Ethiel Rodriguez  
[ethiel.rodriguez@us.af.mil](mailto:ethiel.rodriguez@us.af.mil)  
Work: 937-257-9340
- NIDDL at NMRC (including two mobile laboratories in Liberia)  
Silver Spring, MD  
LCDR Todd Myers  
[todd.myers@med.navy.mil](mailto:todd.myers@med.navy.mil)  
Work: 301-319-3113 ext. 247
- Landstuhl Regional Medical Center  
Landstuhl, Germany  
LTC Edward Ager  
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- Womack Army Medical Center  
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Fort Gordon, GA  
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Work: (706) 787-8148

#### 4. Reporting:

- Use the notification procedures prescribed in [DODI 6200.03](#) to immediately notify the chain-of-command and stakeholders. The current West Africa Ebola outbreak has been declared a WHO Public Health Emergency of International Concern (PHEIC). Report immediately by phone any individuals suspected of being infected with Ebola. Service-specific public health POCs are:
  - Navy & Marine Corps Public Health Center (NMCPHC)  
[NMCPHCPTS-ThreatAssessment@med.navy.mil](mailto:NMCPHCPTS-ThreatAssessment@med.navy.mil)  
(757) 953-0700  
DSN 377-0700
  - Air Force School of Aerospace Medicine (USAFSAM) Epidemiology Consult Service  
[episervices@wpafb.af.mil](mailto:episervices@wpafb.af.mil)  
(937) 938-3207  
DSN 798-3207
  - Army Institute of Public Health (AIPH) Disease Epidemiology Program  
[usarmy.apg.medcom-phc.mbx.disease-epidemiologyprogram13@mail.mil](mailto:usarmy.apg.medcom-phc.mbx.disease-epidemiologyprogram13@mail.mil)  
(410) 417-2377  
DSN 867-2377
- File a report in the [Disease Reporting System Internet](#) (DRSi) as a “Hemorrhagic Fever” per the [Armed Forces Reportable Medical Events Guidelines](#), 2012. Include clinical presentation, travel history, exposures to known Ebola cases, hospital admission status and dates.
- Remain aware of local civilian reporting requirements in order to ensure timely communication across sectors and facilitate accurate diagnosis and reporting through official military and civilian channels.

#### 5. Population-based Surveillance:

- The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) or the Medical Situational Awareness in Theater (MSAT) may be used to monitor for potential EVD in our populations.
- In ESSENCE, users can monitor EVD with the Hemorrhagic Illness system defined syndrome (based on diagnosis codes) and via a custom query based on the chief complaint/reason for visit recorded during the patient encounter. A sharable user-defined syndrome using chief complaints of fever and travel and disease terms to find patients at MTFs that might need screening for Ebola is available under the syndrome name 'Ebola September' and the user name "Bell.Robert.Emerson". This code is active and ready for use.
- For specific procedures copying, using, modifying, and sharing user-defined syndromes, please refer to the ESSENCE User Guide, available from the website Reference Menu, pages 58-78. To improve system performance, it is recommended that users limit queries to a month time period or shorter, limit the geographic search area and run the query daily.
- As needed, appropriate personnel can obtain an ESSENCE [account](#) through the MHS portal.

## **6. Risk Communication and Prevention Considerations:**

- Avoid unnecessary travel to high-risk countries currently affected by the Ebola outbreak as recommended by WHO and [CDC travel health guidelines](#). Consult updated travel notices prior to travel to an affected country.
- Beneficiaries living in or traveling to higher risk areas should seek pre-travel advice from travel health professionals to learn how to minimize risk of exposure to Ebola virus.
- Prevention relies on avoidance of contact with infectious blood or bodily fluids of a person infected with EVD or potentially infected bush-meat from countries with known Ebola virus transmission and proper usage of PPE.
- There is no approved or licensed antiviral treatment or vaccine currently available for Ebola.
- DoD health care providers should know the clinical manifestations of Ebola, how to obtain confirmatory laboratory testing, and how to treat the disease. For updated guidance review the CDC's [EVD Information for Clinicians in U.S. Healthcare Settings](#).

## **7. Other Resources:**

- CDC guidelines on the evaluation of infections with Ebola are found at their [website](#).
- Please see the [WHO Global Alert and Response Ebola website](#) for additional situational awareness.
- USTRANSCOM should be consulted regarding guidance on Air Medical Transport for Patients with EVD.
- U.S. Army Medical Department [Ebola Zaire virus assay Emergency Use Authorization](#) (EUA) information, including fact sheets, FDA and sample collection information.

## **8. Armed Forces Health Surveillance Center POCs:**

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Dr. Rohit A. Chitale, Director, DIB: 443-253-0525; desk: 301-319-3241; BB: 240-507-7492

COL James Cummings, Director, GEIS: 301-319-3268

CDR J.P. Chretien, ESSENCE queries: 301-319-2227

Mr. Aaron Kite-Powell, ESSENCE queries: 301-319-3291